

**Attachment K - Follow-up Measures MAIN STUDY**

**Form Approved**  
OMB No. 0920-XXX  
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Respondent No. \_\_\_\_\_

**A. Quality of Life SF-12 Health Survey** (Ware, Kisinski, & Keller, 1996)

Please see SF-12<sup>®</sup> in Attachment L.

**B. Mental Health** (SRQ-20; WHO, 1994)

- |  |     |    |
|--|-----|----|
| 1. Do you often have headaches?                              | YES | NO |
| 2. Is your appetite poor?                                    | YES | NO |
| 3. Do you sleep badly?                                       | YES | NO |
| 4. Are you easily frightened?                                | YES | NO |
| 5. Do your hands shake?                                      | YES | NO |
| 6. Do you feel nervous, tense or worried?                    | YES | NO |
| 7. Is your digestion poor?                                   | YES | NO |
| 8. Do you have trouble thinking clearly?                     | YES | NO |
| 9. Do you feel unhappy?                                      | YES | NO |
| 10. Do you cry more than usual?                              | YES | NO |
| 11. Do you find it difficult to enjoy your daily activities? | YES | NO |
| 12. Do you find it difficult to make decisions?              | YES | NO |
| 13. Is your daily work suffering?                            | YES | NO |
| 14. Are you unable to play a useful part in life?            | YES | NO |
| 15. Have you lost interest in things?                        | YES | NO |
| 16. Do you feel you are a worthless person?                  | YES | NO |
| 17. Has the thought of ending your life been on your mind?   | YES | NO |
| 18. Do you feel tired all the time?                          | YES | NO |
| 19. Do you have uncomfortable feelings in your stomach?      | YES | NO |
| 20. Are you easily tired?                                    | YES | NO |

### **C. Disability**

1. During the 30 days from {date from 30 days before follow-up interview to follow-up interview}, about how many days did you miss work because of an illness or injury (do not include maternity leave)?

- days  
 Don't remember  
 Don't work outside my home

2. During the 30 days from {date from 30 days before follow-up interview to follow-up interview}, about how many days were you unable to do your housework tasks because of an illness or injury (do not include maternity leave)?

- days  
 Don't remember

### **D. Health Care Utilization outside Bureau and exposure to screening**

1. In the past year, that is from {date from baseline interview to follow-up interview } have you been admitted to the hospital, stayed at least one night – not just in the emergency room, at a hospital other than here at County (Stroger )?

- Yes → How many times?   
 No

2. In the past year, have you gone to an Emergency Room other than here at our ER room at County (Stroger)

- Yes → How many times?   
 No

3. In the past year, has a doctor, nurse, or other health care provider ever asked you if you were afraid of a current or former intimate partner or if a current or former intimate partner had hurt or threatened you? By intimate partner we mean a person you date, go out with, are romantically involved with, are married to, or live with as a couple.

- Yes  
 No  
 Doesn't remember/Not sure

### **E. Positive effects of intervention**

These next questions ask for your opinions about abuse by an intimate partner. Don't worry if you're not sure of the answer.

1. Please think about this situation: If there were 10 women sitting in a room, how many of these women would you guess have **ever** been physically, verbally, emotionally, or sexually threatened or harmed by an intimate partner?

\_\_\_\_\_ (number, 0-10)

2. How likely is it for women threatened or harmed by an intimate partner (compared to women who have not been threatened or harmed) to have problems with their physical health? More likely, less likely, or about the same?

More likely

Equally likely

Less likely

3. How likely is it for women threatened or harmed by an intimate partner violence (compared to women who have not) to have problems with their mental health such as anxiety, depression, or substance abuse? More likely, less likely, or about the same?

More likely

Equally likely

Less likely

4. Do you agree or disagree with this statement:

“Women usually get hurt by their partners because of something they (the women) did”?

Agree

Disagree

Not sure

5. Do you agree or disagree with this statement: “Women who are hurt by their partners can get help if they need it”?

Agree

Disagree

Not sure

7. Where can a woman who is being hurt by an intimate partner get help in this community? (*Do not provide options*)

HCIP

Name of other local IPV resource

Police

Other

**F. Exposure to Intimate Partner Violence** (NVAWS, 2000)

Now we would like to know about **your** experiences with intimate partners. Just so you know, your answers will not be shared with anyone unless you choose to share them.

Has a person you dated, or became romantically involved with, or lived as a couple with **ever**:

- |   |     |    |
|---|-----|----|
| 1. tried to limit your contact with family and friends?           | YES | NO |
| 2. been jealous or possessive?                                    | YES | NO |
| 3. insisted on knowing who you were with at all times?            | YES | NO |
| 4. called you names or put you down in front of others?           | YES | NO |
| 5. made you feel inadequate?                                      | YES | NO |
| 6. shouted or sworn at you?                                       | YES | NO |
| 7. prevented you from having access to joint income?              | YES | NO |
| 8. thrown something at you that could hurt?                       | YES | NO |
| 9. pushed, grabbed, or shoved you?                                | YES | NO |
| 10. pulled your hair?   | YES | NO |
| 11. slapped or hit you?   | YES | NO |
| 12. kicked or bitten you?   | YES | NO |
| 13. choked or attempted to drown you?                             | YES | NO |
| 14. hit you with some object?                                     | YES | NO |
| 15. beat you up?  | YES | NO |
| 16. used or threatened you with a knife?                          | YES | NO |
| 17. used or threatened you with a gun?                            | YES | NO |
| 18. made you or tried to make you have vaginal, oral or anal sex? | YES | NO |

*If yes to any of the above →*

19. Are you currently with a partner who has been or is violent or threatening to you?

Yes → 20a. How long have you been with this partner?

years or  months or  weeks → *GO TO Section E.*

No → 20b. How long ago did you separate from the most recent partner that was violent or threatening to you?

years or  months or  weeks

21. Have you talked to anyone about these experiences?

NO

YES → Had you already talked to somebody before you joined this study?

YES

NO

### **G. Side effects**

Now we want you to think back to when you first got involved in this study.

1. A year ago {*DATE OF BASELINE*} we asked you some questions on a computer survey. Do you remember this?

YES

NO → *SKIP TO Q3.*

2. Because of being asked these questions, did you have any small or big problems, or no problems? *Interviewers remind answers are private.*
- a. Big problems → What were the big problems?
  - b. Small problems? → What were the smaller problems?
  - c. Both big and small problems → What were the big problems? Smaller problems?
  - d. No problems at all

*(Instructions to interviewers for problems probe for free text to include- description of problems including who, what, when, etc)*

3. Do you remember if you received a list of services from the computer that time?

- Yes → *(continue with next question)*
- No → *(skip to next section)*

4. Did you share this list of services with anyone?

- Yes → who?      *{interviewer probe relationship}*
- No

5. Did you use the list to contact one of the services?

- Yes
- No

6. Did you have any small or big problems, or no problems as a result of getting this list?

- a. Big problems → What were the big problems?
- b. Small problems? → What were the smaller problems?
- c. Both big and small problems → What were the big problems? Smaller problems?
- d. No problems at all

7. Before joining this study last year, had you ever called or visited an agency that provides help to women who have been abused by their intimate partner?

- YES
- NO

## **H. Demographics**

One final question so we know a little bit of the background of those who have participated in our study.

What is the highest grade in school or year of college that you have completed? Would you say...

- Less than high school
- completed high school /GED
- Trade school/vocational program after high school
- some college but without degree
- 2-year college graduate
- 4-year college graduate

- Graduate degree
- Other
- Don't Know/Refused